CLAIMS ONLY

Application Number	Filing Date
10/783407	

Applicant(s)

*May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1	/		/					51						
2		/		/				52						
3		/		/				53						
4		/		/				54						
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39								89						
40								90						
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42					/			92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
Total Indep	1		1					Total Indep						
Total Depend	15		15					Total Depend						
Total Claims	16		14					Total Claims						